COVID-19 Forum Questions and Answers
May 6th, 2020

The May 6th members only Forum was focused on contraception and a number of questions that were posted by participants.

We have compiled the questions, and provided answers from experts within our field, with guidance that is applicable in the Canadian context. With limited published evidence, most answers represent consensus of expert opinion and were considered current at the time of the May 6th Forum.

1. *Can you provide the pill over the phone to someone you have never seen before?*
    - Previous guidelines discuss the importance of getting a good history, ruling out contraindications to different contraceptive methods, and helping a woman to choose the best method of contraception for her. This hasn't changed! For most healthy, non-smoking women, particularly those under the age of 35, it is reasonable to offer a combined hormonal contraceptive (pill, patch or ring) without seeing them in person provided that you have ruled out medical contraindications.
    - While blood pressure is important, the actual incidence of occult hypertension is very low in women under the age of 35 who have no other cardiovascular risk factors. This age group is where we are most likely to see "new starts". Given the low incidence of occult hypertension, we suggest that BP measurements can be deferred provided that the woman is otherwise healthy and has no other contraindications to the use of CHC. If a BP reading has been taken within the last year and was normal, that is acceptable for screening purposes. Public BP cuffs, for example those in pharmacies, should not be used while distancing recommendations are in place. We

suggest that blood pressure measurements be done as soon as feasible, preferably within three months of starting CHC.
- Important to see them when restrictions are lifted.
- Important to balance risk of not starting them on a contraceptive with the alternative risk of unplanned pregnancy.
- Often easier to get access now to physician than before COVID. Reassure patients to check in with you if they have issues with first use.

2. *How does one access the SOGC SHARE Committee contraception guidelines?*
   - The Contraception Consensus: Updated Guidance during Pandemics and Periods of Social Disruption is posted on the COVID 19 Resource page on the SOGC website under "Gynecology and Women's Health"
     - https://sogc.org/en/content/COVID-19/COVID-19.aspx?WebsiteKey=4d1aa07b-5fc4-4673-9721-b91ff3c0be30&hkey=4e808c0d-555f-4714-8a4a-348b547dc268&COVIDResources=2#COVIDResources

3. *Can one insert IUDs during the COVID-19 pandemic?*
   - Yes; carefully select patient for suitability and triage for those with highest risk. Priorities would be those who have recently had a previous unplanned pregnancy, recent use of oral emergency contraception (Plan B) and post-partum women 6-12 months following their pregnancy.
   - 70% of rapid access clinics in Canada are inserting IUDs because this is considered an essential service. Those clinics can be found here https://raice.ca/
   - Always screen patients first and wear appropriate PPE to protect yourself
   - Some clinics across the region may be better positioned to provide services and one option is to designate a specific clinic in your area

4. *What about opportunities for IUD insertion training for residents during COVID-19?*
   - Nothing has been identified related to training at the moment. That said, the climate is changing with prioritizing training for all clinical skills for residents and hopefully there will be development of video

links to ensure that hands-on skills are well developed before residents are seeing patients, including for IUD insertions.

5. *Should IUDs be changed or is it possible to wait until after the pandemic?*
   - We know that most IUDs are effective for longer than they are approved. The same is true for implants. That said, it depends on the type of IUD.
   - There are 3 LNG-IUS's (Mirena, Kyleena and Jaydess). There is good evidence that the Mirena (LNG-IUS 20) can be used for up to 7 ears in women who were over age 25 when the Mirena was inserted.
   - Even before COVID, the Canadian Contraception Consensus recommended that the Mirena could be left in for at least 7 years if it was inserted over the age of 45 (so essentially until menopause).
   - There isn't a lot of evidence regarding extended use of the Jaydess LNG-IUS 8, 3 years) or Kyleena (LNG-IUS 12, 5 years). Although they may potentially be effective for longer, we don't have good evidence and for that reason it is recommended to use an additional back-up method of contraception once you are past the approved duration of use.
   - For copper devices, most of them are effective for longer than their approved duration of use. All of the copper IUDs in Canada are effective for at least 5 years. There is actually good evidence that Copper IUDs with 380 mm2 of copper are good for up to 12 years. For 5-year copper IUDs with less than 380 mm2 of copper, they are likely effective for more than five years but a second method of contraception may be beneficial depending on which IUD it is. The copper IUDs with cuffs (copper in 2 directions) are most likely good up to 7 years. If the copper is in one direction only, there is slightly less effective after the 5 years. In the age group of 20-30 years, which is the highest fertility group, you want to be a bit more conservative about the timeframe for extended use.
   - In short, the age group >30 and especially over 40, 7 years for Mirena is fine and probably fine for most copper IUDs, particularly those with 380 mm2 of copper and those that have copper on the horizontal and vertical stems.

6. *How would one do an ultrasound to confirm placement of IUD?*
    - Ultrasound is not recommended routinely to confirm placement. However, if the insertion was difficult or there were concerns about placement, post-insertion ultrasound could be considered. Some providers may also have access to point of care ultrasound which may be helpful
    - Some type of follow-up with the patient is ideal. If this can't be done in person because of regulations, a virtual encounter (by phone or video) can be arranged. One month is a good time to check in to see if they are having any problems or concerns.
    - Fortunately, most patients will call if they are having problems such as pelvic pain or dyspareunia. That may be an indication that an ultrasound may be helpful

7. *What about patients who need implants replaced?*
    - The single rod implant is not currently available in Canada. However women may have had an implant inserted in another country.
    - There is good evidence that implants are effective for a longer time than the recommended timeframe (they maintain ovulatory suppression levels for up to 5 years) and it is not an emergency to get these removed at the 3-year mark.

8. *Can you talk about progestin-only methods?*
    - Most of the progestin-only methods have no contraindications, so they are easy to consult and prescribe over the phone; if someone is already on these methods, you can continue to prescribe.

9. *What about injectable contraceptives (i.e. Depo-Provera)? Where can these be done?*
    - Any healthcare provider trained to give IM injections can administer DMPA (may depend on the provider's regulating body)
    - Some clinics are still seeing patients and are able to give injectables. It is okay to have up to 14 weeks between injections, and so this allows patients more time to be able to access injections.
    - Patients should also be advised to use a contraceptive bridge (progesterone only pill) between injections if they have to.

- Backup contraception should be used for 7 days if her DMPA injection was given 14 weeks or more after the previous injection

10. *What is the situation with emergency contraception during the COVID-19 pandemic?*
    - More emergency copper IUDs appear to be being used as emergency contraception in during the COVID-19 pandemic than previously. Copper IUDs can be inserted up to 7 days after an act of unprotected intercourse and are the most effective method of emergency contraception. They also provide ongoing contraception. This method of EC IUD can be encouraged when needed.
    - Patients should also be aware of other methods of emergency contraception such as Plan B (no prescription required) and Ella (UPA-EC, prescription required). Maybe consider a prescription for Ella until an in person encounter can be arranged.
    - Sometimes it may be difficult to access a pharmacy to get hormonal emergency contraceptive tablet (Plan B or Ella).

11. *What is safe sex during the pandemic – what keeps you and your partner safe?*
    - The most critical factor is for everyone to abide by the safe physical and social distancing rules and be careful
    - If the partners have been self-isolating and following rules for safe distancing in public for 14 days and have no symptoms and their partner has been doing the same, it may be fine for them to meet as restrictions are being slowly lifted
    - Important to do a screen with your partner but remember that many people with COVID 10 will be asymptomatic
    - For healthcare providers, it is really critical that they are accessible to patients at this time – there is stress, and some activities that relieve stress may put them at risk for infections, violence, etc.

12. *What about STI screening in the time of COVID-19?*
    - Many are using self-swabs and prepare a kit for the patient to pick up. The patient does a vaginal self swab and drops the swab off to the lab. This process minimizes interactions and is very effective.
    - Another option is urine PCR which can also be dropped off at a lab

Things to be aware of:

- Relaxing social restrictions may dramatically increase the number of sexual encounters
- There may be shortages of some medications
- There are more and more requests for medical termination earlier in pregnancies – there is a critical need for contraception still!
- Medical abortion Questions and Answers are available from the April 29th Forum.